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A Caregiver's Guide to Supporting a Loved one through ED recovery

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What Eating Disorders are and Aren't

Eating Disorders are coping strategies that support a person in managing distress, trauma, perfectionism, anxiety and unmet needs. ED's develop as a response to not having the strategies and tools a person needs to manage their internal and/ or external world. They are the nervous system's way to feel safe, to numb or to feel in control.

Eating Disorders are not caused by any one person or one situation, but instead are often the manifestation of a variety of things over time. Think of a cup, the more water that goes into the cup, the fuller it gets. If we do not remove water from the cup, eventually it will overflow. When we do not have the strategies we need or the capacity to remove the things feeling our cup eventually overflows, and the overflow is often the manifestation of an Eating disorder.

Eating Disorders are **NOT:**

- About food alone
- A sign of bad parenting
- Visible by looking at someone
- A choice
- Only about weight loss
- Attention seeking
- Only serious when someone is underweight

Eating Disorders **are:**

- A way of regulating emotions
- A response to trauma, identity stress, perfectionism or social pressure

Over time, the eating disorder takes over and starts to run a person's thoughts, emotions and behaviours even when they desperately want to stop. When restriction, purging, or compulsive movement temporarily reduces anxiety or creates a sense of control, the brain learns that this helps them feel safer, which reinforces the behaviour. The behaviours associated are nervous system habits and brain patterns that get wired in over time that impact the way a person thinks, feels and acts.

Eating Disorders are hard to stop because …

- Starvation and restriction change the brain, making thinking more rigid and fearful. (Regardless of a person's body size they may also be experiencing restriction/ starvation even if you can't see it).
- The behaviours reduce distress in the short term
- Fear responses around food feel real and intense
- Letting go of the ed feels like a coping tool
- Recovery requires tolerating emotions that the ed was protecting against.

Symptoms

There are a variety of eating disorder behaviours that a person might experience. Below is a list of some of the symptoms that may show up - each ED is different and may have ones not listed or may experience these symptoms in varying degrees. Use this as information to build your awareness around some of the behaviours that may show up or be connected to a person's Eating Disorder.

Behavioral Symptoms

- Restricting food or skipping meals
- Binge eating (feeling out of control while eating)
- Purging (vomiting, laxatives, diuretics)
- Compulsive or rigid exercise
- Eating in secret
- Cutting out food groups
- Delaying eating to "earn" food
- Rigid food rules (times, types, portions)
- Body checking (mirror checking, pinching, weighing)
- Avoiding eating with others
- Hoarding food
- Chewing/spitting
- Using caffeine/nicotine to suppress appetite

Cognitive Symptoms (ED Thoughts)

- Food preoccupation
- Obsessive calorie/macronutrient tracking
- Moralizing food ("good/bad," "clean/dirty")
- Fear of weight gain
- All-or-nothing thinking
- Perfectionism around eating
- "I haven't earned food yet"
- Constant body comparison
- Overidentifying worth with appearance or intake
- Catastrophic thinking about eating

Emotional Symptoms

- Guilt or shame after eating
- Anxiety around food or meals
- Fear of losing control

- Feeling “safe” when restricting
- Numbness or emotional suppression
- Mood swings tied to eating/exercise
- Irritability when meals are disrupted
- Sense of failure when food rules aren’t followed

Physical / Medical Symptoms

(Important for psychoeducation: many symptoms happen **at any weight**)

- Dizziness, fainting
- Fatigue
- GI distress (bloating, constipation, pain)
- Feeling cold
- Hair thinning, brittle nails
- Hormonal disruption
- Sleep problems
- Heart rhythm changes
- Electrolyte imbalance
- Weakened immune system
- Injuries or chronic pain from overexercise
- Brain fog

Social / Relational Symptoms

- Withdrawing from relationships
- Avoiding social eating
- Isolation
- Increased rigidity or irritability
- Lying about food/exercise
- ED becoming central identity
- Conflict with loved ones around meals

It can be helpful to ask your loved ones what symptoms they experience in connection with their Eating Disorder to give you a full picture of their experience.

Myths about Eating Disorders

Myth 1- Eating Disorders are a choice/ About willpower

Psychoeducation (reality)
- Eds are about biopsychosocial illnesses shaped by
    - Neurobiology (brain reward systems, threat responses)
    - Genetics and temperament
    - Trauma, Stress, Identity, and culture (diet culture, weight stigma)
- Eds are Nervous system survival strategies that sometimes become necessary to cope with things when they feel too overwhelmed

Myth 2: You can tell if someone has an ED by how they look

Psychoeducation (Reality)
- People of all sizes, genders, ages and races experience Eds
- Weight changes are not a reflection of severity
- Some of the most medically risky EDS show no visible changes at all to their body/ weight
- Health and illnesses do not have a look

Myth 3: Once they start eating normally, they're basically better

Psychoeducation (reality)
- Nutritional rehabilitation is necessary for recovery, but it is not sufficient because Eds are not just about food.
- There is still more work to do to help someone learn and manage safety, control, worth, emotion regulation, discover their identity and learn to cope with distress.
- While Eating is necessary for recovery, the mental/ cognitive work is just as important.

Myth 4: If they really wanted recovery, they'd be motivated

Psychoeducation:
- Eds are complex- while a person may want recovery, it may also feel quite challenging because there is often significant ambivalence that is present.
- The noise that shows up as a result of the ED, the safety that the ED has brought can make it challenging because the ED has served an important role that provided them with safety, protection and comfort. Letting go of that can be scary and overwhelming, even if there is a big part that wants freedom and health.
- Recovery is not linear and involves many ups and downs.

Myth 5: Exercise is always healthy and helpful in recovery

Psychoeducation:
- Movement can be supportive, neutral or it can be ED-driven. Movement that reinforces the ED, reinforces fear foods or keeps the nervous system in an activated state may not be

helpful for recovery. There may be times when people need to pause from movement to heal their body and relationship with exercise.

Myth 6: If they're medically stable, the ED isn't serious

Psychoeducation:
- A person's body is adaptable until it isn't. While from a health standpoint, a person may be medically stable at any point, this can shift drastically.
- Medical stability also does not equal psychological safety. So, someone can be eating regularly and at a stable weight and still be deeply struggling with fear, shame and ED thoughts. Medical stability does not determine ED severity

Myth 7: If someone is in a larger body when they recover they should be losing weight

Psychoeducation:
- Weight change is not a recovery goal. Recovery is about restoring nourishment, stabilizing the nervous system, reducing ED behaviours and rebuilding trust with the body.
- Weight loss is not a treatment outcome for eating disorders- Regardless of body size. Intentional weight loss can reinforce ED thinking, increase food restriction, activate fear and shame and raise the relapse risk.
- A person's body size does not determine their level of health; health-supportive behaviours and safety are the goal of recovery, which can be achieved at any body size or weight.
- Bodies have a natural range where they function best- this is something we cannot control. Trying to force the nervous system into threat mode reinforces control-based coping and prolongs recovery.

Myth 8: Someone in recovery should only be eating "healthy" foods

Psychoeducation:
- Healthy Vs unhealthy is diet culture language and reinforces ED rules, increases fear and rigidity, creates guilt and moral pressure and keeps the ED voice loud. Recovery is about flexibility, adequacy and variety, not perfection.
- Early and ongoing recovery requires enough food, consistent meals, carbohydrates, fats, pleasure foods and easy-to-eat options. It requires flexibility.
- Fun foods help rebuild trust with our body and allow food to not be on a pedestal, which can potentially lead to ED behaviours.
- All foods fit whether someone is in recovery or not. No single food determines health.
- Restricting "unhealthy" foods often:
    - Trigger binge- restrict cycles
    - Keep food obsession high
    - Reinforces black and white thinking
    - Increases relapse risk.
- Food neutrality supports long-term recovery.

How to Support Loved Ones:

- Remind yourself that Eating Disorders are not choices- they are coping strategies. They are not trying to be difficult. This is their nervous system trying to feel safe.
- Offer support through your own regulated nervous system first.
    - Through a calm tone of voice
    - Slower pace of conversation – checking in that the conversation feels okay. If they shut down, don't get angry- stay calm and understand their nervous system is dealing with a lot.
    - Sitting with them during distress
    - Supportive distractions before/ after/ during meals/ distress.
        - This could look like playing board games, doing a wordsearch together, having an intentional conversation, or watching a show together.
- Avoid lecturing, threats or trying to fix.
- Support eating without controlling it.
    - Eat with them- put your phone down, engage in conversation
    - Keep conversation neutral and normal – do not make unhelpful comments about food – no commenting on portions, calories or healthiness
    - Support meal structure if asked
    - Validate how challenging it is
    - Be present if distress rises- even if you don't understand it and it seems "silly," understand that it is hard for them.
    - Avoid praising weight changes or policing food choices.
    - Do not say just eat or it is not that hard.
- Ask them what they need
    - Ask how can I support you around meals today?
    - Would it help to eat together or sit with you after?
    - Do you want distraction or company right now?
- Have boundaries that support yourself
    - Name what you can and can't do
    - Prioritize your own regulation and create space to meet your needs
    - Set boundaries around conversations that feel unhelpful to have (I love you, and I can't engage in weight or food judgment conversation, but I can sit with you when it's hard)
        - **Healthy Boundaries Sound Like:**
            - "I care about you, and I need support too."
            - "I can't argue with the eating disorder, but I can stay connected to you."
            - "I'm here even when this is hard."
    - Take breaks from ED-centred conversations
- Get your own support from professionals to manage the challenges that come from supporting loved ones with Eds
- Release responsibility for fixing
- Process your own fear and grief that show up

- Learn more about Eds

SUPPORTING RECOVERY VS SUPPORTING THE ED

Supporting recovery looks like:
- Encouraging nourishment
- Supporting rest
- Validating feelings
- Holding compassionate boundaries
- Staying connected even when holding boundaries

Supporting the Ed looks like:
- Negotiating with ED rules
- Commenting on bodies
- Praising weight loss or discipline
- Allowing avoidance of nourishment
- Trying to logic the ed away

What Helps People Recover (What Loved Ones Often Miss)

People don't recover because someone tells them to "just eat."

They recover through:

- Feeling safe
- Feeling understood
- Consistent nourishment
- Support with emotions
- Gentle accountability
- Connection
- Reducing shame
- Time

Helpful Vs. Unhelpful things to say to someone with an ED

Unhelpful things to say to someone with an ED

"Just calm down."

"You're overreacting."

"There's nothing to be anxious about."

"You've done this before, so it should be easier now."

"Why can't you just eat?"

"Just eat it / finish it."

"You need to eat more."

"That's all you're having?"

"That's a lot."

"You'll feel better if you just eat normally."

"At least you ate something."

"That's healthy/unhealthy."

"You look healthier."

"You look like you've gained/lost weight."

"You don't look like you have an eating disorder."

"You look great now."

"I'm glad you're filling out."

"You were too thin before."

"You'll feel better if you go for a walk/workout."

"Exercise will help your mood."

"You're being lazy."

“Resting too much isn’t healthy.”

“At least you’re moving again.”

“Aren’t you over this by now?”

“You were doing so well.”

“Why are you going backwards?”

“You’re worrying everyone.”

“This is exhausting for us.”

“You’re doing this to yourself.”

“You’re choosing this.”

“Don’t you care about how this affects us?”

“You’re being selfish.”

“We’ve tried everything.”

“You have to want recovery.”

“You’re not trying hard enough.”

“If you wanted to change, you would.”

“Just be positive.”

“Think of how lucky you are.”

“You’re shutting me out.”

“Talk to me.”

“You’re being dramatic.”

“I can’t deal with this anymore.”

“You’re too much.”

“I’m done helping.”

if you won't talk, I'm leaving."

Instead try :

"This looks really hard right now."

"I'm here with you."

"It makes sense your body feels alarmed."

"We can take this one step at a time."

"You don't have to do this alone."

Meals can bring up a lot—want company?"

"I can sit with you."

"Proud of you for staying with something hard."

"How can I support you during meals?"

"It's okay that this feels uncomfortable."

"Your body deserves nourishment, even when your brain is loud."

"I'm glad you're here."

"I care about you, not your body."

"Your worth isn't tied to how you look."

"I'm proud of how much effort you're putting into recovery."

"You deserve care at any size."

"Your body's signals matter."

"Rest is part of healing."

"How does your body feel about movement today?"

"It's okay to need gentleness right now."

“Recovery includes learning when to stop.”

“Recovery isn’t linear.”

“Setbacks don’t erase your progress.”

“This doesn’t mean you failed.”

“I know this is tiring—for both of us.”

“I’m still here.”

“I’m scared because I care about you.”

“I don’t always know what to do, but I want to support you.”

“This is hard for me too—and I still love you.”

“Can we loop in your support team together?”

“We’re in this alongside you.”

“It’s okay to feel unsure about recovery.”

“Wanting change and being scared can exist together.”

“You don’t have to feel ready to take a step.”

“You’re allowed to struggle and still deserve support.”

“Your feelings make sense.”

You don’t have to talk if you’re not ready.”

“I’m here whenever you want company.”

“Would sitting together help?”

“I can just be here quietly.”

“You’re not a burden.”

“I love you and I need to take a break to regulate.”

“I want to support you, and I also need support.”

“I can’t engage in body or food judgment talk, but I can sit with you.”

“Let’s get backup from your team.”